

Purpose Line Additional Information									
<b>Case Information/CCA Reference Information</b>									
Standard Case Number/Party Number: D - WIE - 1 - 17 - CR - 000124 - 002 <span>Search</span>									
Debt Type Line Number: 10    Payee Line Number:    Depository Line Number: 1									
<b>FAS4T Accounting Strip</b>									
BBFY: <input type="text"/>		EBFY: <input type="text"/>		Fund: <input type="text"/>		Division: <input type="text"/>			
Budget Org: <input type="text"/>		Sub Budget Org: <input type="text"/>		Program: <input type="text"/>		Budget Object: <input type="text"/>			
Sub Budget Object: <input type="text"/>		Revenue Source: <input type="text"/>		Sub Revenue Source: <input type="text"/>					
Cost Org: <input type="text"/>		Sub Cost Org: <input type="text"/>		Project: <input type="text"/>		Sub Project: <input type="text"/>			
Activity: <input type="text"/>		User #1: <input type="text"/>		User #2: <input type="text"/>		User #3: <input type="text"/>			
User #4: <input type="text"/>		User #5: <input type="text"/>							
<b>FAS4T Reference Information</b>									
Doc Type: <input type="text"/>		Doc Number: <input type="text"/>		Line Number: <input type="text"/>		Vendor Code/Address Code: <input type="text"/>			
<b>For the Benefit Of</b>									
Name: MARCUS HUTCHINS									
<b>Address Information</b>									
Address: <input type="text"/>				City: <input type="text"/>					
<input type="text"/>				State: <input type="text"/>		Zip Code: <input type="text"/>			
<input type="text"/>				Phone: <input type="text"/>					
Description: <div><input type="text"/></div>									
<div>OK</div> <div>Cancel</div>									

